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# P. 4 172 (10-00)

PTO/SB/22 (10-00) <sup>f</sup>	<i>U</i>	7
Approved for use through 10/31/2002. OMB 0651-0031	<i></i>	
Approved for use through 10/31/2002. OMB 0881-0031  J.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  a collection of information unless if displays a valid OMB control number.	//57/	"
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PETITION FOR EXTENSION OF			Number (Optional)	
	In re Application of Christian, S.T.			
	Application Number 09/547,501		Filed April 12, 2000	
	For Novel Pharmaceutical Agents Containing Carbohydrate Moieties			
	Group Art Unit 1617	Examiner	Jiang, Shaojia A.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):				
One month (37 CFR 1.17(a)	(1))		\$	
Two months (37 CFR 1.17(a)(2))		\$		
Three months (37 CFR 1.17(a)(3))		\$		
Four months (37 CFR 1.17(a	a)(4))		\$ <u>1,440</u>	
Five months (37 CFR 1.17(a	)(5))		\$	
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$720.00  A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTC	0-2038 is attached.			
The Commissioner has already been authorized to charge fees in this				
application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required,				
or credit any overpayment, to Deposit Account Number <u>50-1159</u> .  I have enclosed a duplicate copy of this sheet.				
I am the applicant/inventor				
MPEOPLES 000000001 cassignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
729_00 (H) attorney or agent of record.				
x attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a)34,446				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
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<u>March 11, 2002</u> Date	Signa	ture	20-0	
	$\nu$		e .	
	<u>John S. Sunds</u> Typed	mo, 34,44 I or printed		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of 5 forms are submitted		<del></del>		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEMD FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.

Adjustment date: 05/12/2003 EEKUBAY1 03/18/2002 MPEOPLES 00000001 501159 09547501 01 FC:218 720.00 CR

PTO/SB/06 (8-96) Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Representation anless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/547,501 (IMI-002) OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR & NUMBER FILED NUMBER EXTRA RATE RATE BASIC FEE S OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR (37 CPR 1.16(d)) INDEPENDENT CLAIMS minus 3 -OR (37 CFR 1.16(b)) = MULTIPLE DEPENDENT CLAIM PRESENT (37 CPR 1.16(d)) OR TOTAL QR. TOTAL If the difference in column ) is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR (Column I) (Column 2) SMALL ENTITY (Cohmp 3) Americans CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT a reint RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total QR. Minux 46 0 (37 CPR 1.16(c)) OR Independent Minus 6 0 (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL. TOTAL 0 (Column 1) ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-B REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT** 科的實際 AFTER **PREVIOUSLY** EXTRA FEE FEE AMENDMENT PAID FOR OR. Toml Minus \_ (37 CFR 1,16(c)) OR **Independe**nt Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CHR 1.16(d)) OR OR ADDIT. FEE TOTAL ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING

NUMBER PRESENT RATE TIONAL RATE **AMENDMENT** TIONAL AFTER **PREVIOUSLY** EXTRA FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR Minus х\$ OR Minus \_ (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CPK 1.16(4)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE

Burden Hour Statements: This form is estimated to take 0.2 hours to complete. Time will very depending upon the resets of the individual case.

Any comments on the amount of time you are required to complete this form should be sont to the Chief Information Officer, Patent and Frademark, Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Paucie, Washington, DC 20231.

<sup>&</sup>quot; If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.